

Report Card Stakeholder Issues and Refrains, Round Two

September 2002

Who did we hear from?

Interviews were conducted with six stakeholders in September – five from the Spokane area and one from Vancouver. The stakeholders interviewed represent the following audiences:

- 2 from business (both employers)
- 2 from education (one PTA, one on the board of a community college system)
- 1 from a religious community (also involved in numerous service organizations)
- 1 from a community group that produces a similar report card at the local level.

What did we hear?

1) Structure and design of the report card.

In general, the layout and organization of the report card made sense to the stakeholders, especially in light of the determinants of health framework. One person commented that in organizing the report card around the primary determinants of health, we're starting to deliver a key education message. Few people were surprised by the significant role behaviors and environment play in health - one person remarked that too much emphasis is placed on medical care instead of "getting to the bottom of it" (referring to root causes of poor health such as stress). However, one stakeholder commented that the business community would be surprised by the relative determinants of health ("people typically think of health as medical care"), and thought the information would be very useful to employers concerned about the rising cost of health care.

2) Indicators

The stakeholders felt that the number of indicators was about right, and that the ones selected seemed to hit on key issues of concern for their community. One stakeholder felt that child care and housing were two glaring omissions from the list of indicators. Child care came up repeatedly in the interviews as a health-related issue needing attention – both from the perspective of a parent of elementary-school age children and an employer.

Drug use (do we abuse drugs/alcohol?) was also mentioned as an indicator people thought should be on the list given the heavy toll that methamphetamine production/use is placing on their communities.

Most of the indicators were understood by the stakeholders interviewed. One person commented that the connection between poverty and health would have to be explained to the business

community. Two stakeholders were pleased to see indicators of social connectedness of the list, but another felt that the social connectedness indicators were too vague and could mean anything. Years of healthy life and unintentional injuries were not initially understood by a few stakeholders and required explanation.

One stakeholder felt access to health care was subsumed and down-played in the current structure of the report card.

Another stakeholder felt neighborhood safety was a major concern, especially in low-income neighborhoods. Fears about safety affected people's willingness to venture outdoors for exercise and socialize with neighbors, leading to more isolation and sedentary lifestyles. He suggested adding an indicator of community policing.

3) Readiness to Learn

In the second round of interviews, stakeholders were asked specifically about the readiness to learn indicator – we sought feedback on their reactions to both the label (“readiness to learn” vs. “healthy child development” vs. “early child development”) and the measure (successfully completes kindergarten).

All stakeholders felt the *concept* of readiness to learn was important; they differed, however, in preference of labels. Three stakeholders preferred healthy child development. One person commented that there's confusion around the readiness to learn concept and that people link it conceptually with school even though it's much broader. Another stakeholder noted that “readiness to learn” implied that parents needed to prepare kids academically to enter kindergarten. “Healthy child development” also highlights the health aspects of the concept, such as nutritional status.

One stakeholder preferred “early child development,” noting that “healthy child development” is too medical and “readiness to learn” is too narrow. Another stakeholder preferred “readiness to learn” and commented that the other two labels were too broad and may connote physical development. One stakeholder felt that all three labels were so interconnected that it didn't really make a difference which label we use.

In general, stakeholders were dissatisfied with “repeating kindergarten” as a measure of “readiness to learn.” However, no one changed their label preference upon hearing that “repeating kindergarten” was the measure. One person commented that the measure reflects the “readiness to learn” concept because kindergarten is the point of school entry. Another stakeholder reacted strongly to the measure, stating that two of her children had repeated kindergarten and it didn't harm them at all. She noted that not all five year olds are at the same place developmentally, but this isn't always an indication that something is wrong.

4) Materials and medium for message

A key message conveyed by stakeholder was that while the data would be interesting (and, one stakeholder noted, important to people in the business community who respond to quantitative,

measurable indicators), information on strategies for improvement will ultimately be far more useful. “What do we have to *do* to turn the trend around?” One stakeholder suggested presenting this information in this form of stories: strategies that have been tried and tests, strategies that have been tried and failed.

Most stakeholders felt the report card would be useful to educate the public, employers, and policy-makers about the relative determinants of health, to mobilize communities around health issues, and to “grow the community” (make their community a healthier place to live and work).

An employer thought that the report card would also be a recruiting tool for both employers and employees (if Washington’s results are good). This stakeholder mentioned the importance of highlighting quality of life issues (e.g., health of the population) when recruiting employers into the area because Washington’s business tax climate is not favorable compared with neighboring states.

However, another stakeholder (not an employer) thought that the report card would be a tough sell to the business community because there is a general lack of recognition among employers about the role they play in community health. This person said we need to stress the message that a healthy community is a healthy workforce, and that if employees don’t have child care, personal health services, and healthy lifestyles, it will affect the employer’s bottom line.

Another stakeholder commented that the information would have to be localized and specific to communities to make a difference – this means local data and local interpretation.

In terms of how to present and disseminate the information, one person noted that there’s so much health information out there – we would have to think about what is different about our message, what sets it apart. This stakeholder thought that the relative determinants of health would be a unique and powerful message.

Packaging of the report card was noted by several stakeholders. Some suggested that the researchers shouldn’t design the final product; instead we should tap the expertise of marketing staff. In designing the materials, we need to think about the audience(s) we’re trying to reach and find the right “hook” for each audience.

One stakeholder recommended creating materials that could be easily pulled out of the report card on a specific indicator (e.g., data and interventions related to tobacco). Not every audience will be interested in the report card as a whole, but may find a lot of value in certain indicators.

For dissemination strategies, two stakeholders suggested working through the Chamber of Commerce to reach the business community. Each Chamber has an email list and most businesses belong. We could also utilize the distribution lists of United Ways, health care organizations, and community-based organizations. Using multiple dissemination channels was thought to be important.

In terms of getting the information to the general public, one stakeholder suggested placing materials where people are ready to receive this kind of information: gyms, schools, health care

facilities, community centers. Another suggested doing a mass mailing. One person thought a website would be useful, while another thought it would be a hindrance.

One stakeholder suggested creating a “speakers bureau” of local leaders (e.g., Dr. Kim Thorburn) who could present the report card to local organizations (e.g., Rotary). Department of Health staff would not be viewed as good ambassadors for the report card and its messages since state government is viewed as negative in many communities.

Almost every stakeholder left us with this mantra: *keep it simple!* The detail regarding data sources should be available (e.g., on the web), but should not accompany the report card.

5) What can be done?

Stakeholders mentioned many existing local strategies for addressing the indicators. One community is working on evaluating and enhancing neighborhood-level family resources centers as a strategy to improve readiness to learn.

Many efforts are underway to address tobacco prevention, especially among youth. These include media campaigns and peer education in the schools.

Several stakeholders from the Spokane area mentioned the Centennial Trail as a center of community-level wellness activities. The trail is used extensively for walking, biking, rollerblading, and swimming in the adjacent river. Some commented that the trail is an important community resource for low-income people who cannot afford to belong to gyms. Other community wellness activities in the Spokane area include the Bloomsday Run and Hoopfest. Free clinics are offered to help people prepare for both events.

The HUB program (federal \$\$s) was offered as an example of a program for increasing physical activity among youth. The program offers a before and after school exercise program (running, gym exercises) for 5th and 6th graders. Several stakeholders mentioned that more of these programs are needed, since low-income families can’t afford to have their kids in soccer clubs and physical education is no longer part of school curriculum.

One stakeholder spoke about a research study at WSU (Family Friend project, Dr. Melissa Ahearn, 509-358-7982, ahearnm@wsu.edu) that is seeking to link socially isolated families (especially single mothers) with other families on a faith basis. The idea is to measure the impact of social support and mentoring on the physical health of mothers in the study.

This stakeholder also mentioned an effort on the part of a local food bank to teach low-income people how to cook nutritious meals on a small budget. The Women’s and Children’s Kitchen – an interfaith program providing both nutrition education and food.

Several stakeholders in the Spokane areas talked about the mayor’s poverty initiative and the great work that Spokane Regional Health District (SRHD) has done to make this issue visible to the community.